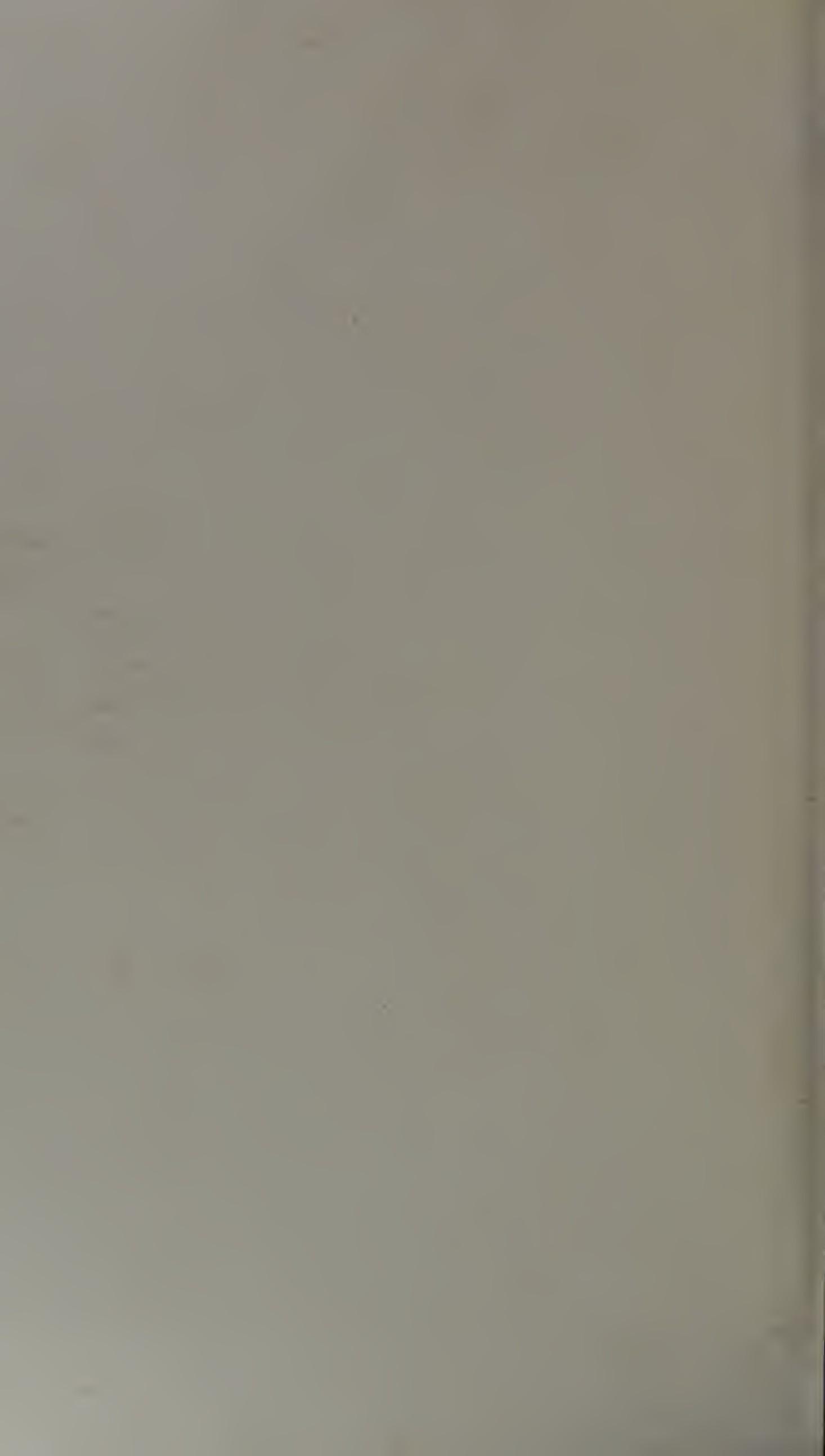


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REPORT

OF THE

*Ear Dispensary, 6 Cambridge Street, Lothian Road—
Surgeon, J. J. KIRK DUNCANSON, M.D., C.M.,
F.R.C.P.E., F.R.S.E.—from July 1881 to end of
June 1882.*

By A. K. CHRISTIE, M.B., C.M..

(Reprinted from the Edinburgh Medical Journal for October 1882.)

THE following table of the diseases met with and treated at the Ear Dispensary during the last year shows a considerable increase in the number of patients over former years. It also, we hope, brings out distinctly the number of cases of each disease, the sex, ear or side affected, and the number of cases under each decennial period, as explained in the footnote, or gives the age where only one or two patients suffered from any one of the many forms of disease affecting the function and structures of the organ of hearing. Of the diseases noted 456 occurred in males and 331 in females.

Three affections of the ear were met under 1 year of age, 129 or so were diseases occurring under 10 years of age, 192 from 11 to 20 years of age, 196 from 21 to 30 years of age, 97 from 31 to 40 years of age, 74 from 41 to 50 years of age, 46 from 51 to 60 years of age, 26 from 61 to 70 years of age, and 21 from 71 to 80 years of age. Of the diseases of the auricle 2 occurred in infants under 1 year, 6 under 10 years, 2 from 11 to 20, 6 from 21 to 30, 2 from 31 to 40, 2 from 41 to 50, 1 from 51 to 60, and 1 from 71 to 80 years of age. Of these 8 occurred in males and 14 in females; 5 in which the right ear only was

DISEASE.	No. of Cases.	Sex.			Side Affected.		Cured.	Im- proved.	Result.	AGE.
		M.	F.	R.	L.	Both.				
<i>Diseases of the Auricle.</i>										
Microtia,	1	...	1	...	1	...	...	...	...	4 months, 1 a.*
Appendices on and in front of tragus,	1	1	...	1	...	1	...	...	...	18 years, 1 c.
Fissure of lobe,	2	...	2	...	2	...	2	...	...	35, 41 years, 1 c, 1 f.
Fibroma of lobe,	1	...	1	...	1	...	1	...	...	9 years, 1 b.
Polypus,	1	1	...	1	...	1	1	...	...	28 years, 1 d.
Eczema,	15	5	10	3	3	9	15	15	15	1 a, 5 b, 1 c, 4 d, 1 c, 1 f, 1 g, 1 i.
Fistula Auris Congenita,	1	1	...	1	...	1	1	1	1	25 years.
<i>Diseases of External Auditory Meatus.</i>										
Over-patency,	1	...	1	...	1	...	1	...	1	26 years.
Foreign Bodies,	16	11	5	7	9	16	16	16	16	4 b, 2 c, 2 d, 1 c, 3 f, 3 g, 1 i.
Eczema,	12	4	8	2	1	9	9	9	9	2 b, 3 c, 3 d, 1 c, 1 f, 1 g, 1 i.
Furuncular Abscess (Otitis Externa Circumscripta),	3	1	2	1	2	3	3	3	3	2 a, 1 g.
Diffuse Inflammation (Otit. Ext. Diff. Acuta),	3	...	3	2	1	1	1	1	1	1 d, 1 c, 1 f.
"	"	"	"	2	1	2	5	5	5	2 c, 5 d, 1 c.
"	"	"	"	1	1	1	1	1	1	1 d, 1 f.
Periostitis,	3	3	3	2	1	1	1	1	1	1 c, 2 d.
Hyperostosis,	6	5	1	1	1	5	5	5	5	1 b, 1 c, 1 d, 1 f, 2 i.
Exostosis	1	1	1	1	1	1	1	1	1	48 years.
Wax (Ceruminous Obturans),	139	98	41	14	22	103	139	139	139	12 b, 32 c, 34 d, 14 e, 16 f, 12 g, 11 h, 8 i.
Laminated Epithelial Plug (Keratoses Obturans)	8	6	2	4	1	3	8	8	8	1 b, 1 c, 2 d, 2 c, 1 g, 1 h.
Cholesteatoma,	1	...	1	1	1	...	1	1	1	40 years.
<i>Diseases of the Middle Ear.</i>										
Traumatic Rupture of Memb. Tymp.	2	...	2	...	2	...	2	2	2	8, 24 years.
Inflammation of M. T. (Myringitis Acuta),	1	1	1	3	1	1	1	1	1	40 years.
Otitis Media Catarhalis Acuta,	4	1	1	3	2	2	2	2	2	1 c, 3 d.
"	11	4	7	3	5	3	11	11	11	3 b, 3 c, 1 d, 1 c, 1 f, 2 g.
Catarrh of Eustachian Tube,	134	73	61	1	1	132	18	18	18	14 c, 40 d, 28 c, 21 f, 16 g, 9 h, 6 i.
Over-patency	52	29	23	1	2	49	52	52	52	21 b, 14 c, 8 d, 4 e, 4 f, 1 g.
Calcareous Deposits in Memb. Tymp.,	1	1	1	1	1	1	1	1	1	35 years.
					2	...	2	2	2	2 c.

Tinnitus Aurium,	7 d.	6 c.	5 f.	1 g.	1 h.	1 i.
Nervulgia Plex. Tympani,	1 b.	5 c.	4 d.	1 e.	1 f.	1 h.
Otitis Media Suppurativa Chronica,	20	20	20	20	20	20
Granulations,	29	29	29	29	29	29
Polypti,	12	9	5	16	19	2
Perforations of Memb. Tympt. (dry),	6	11	5	5	7	17
Cicatrical Membranes,	3	4	1	5	1	7
Synechiae,	1	2	2	1	1	...
Caries of Inner Wall of Tympanum, with loss of Ossicles,	2	1	1	1	1	...
Necrosis Ossis Petrosi; portions of Labyrinth removed.	1	2	1	2	1	1
Necrosis Pre. Mastoid cum Fist. et Polyp.,	1	1	3	1	1	1
Oritis Med. et Int. Syphilitica, with Meniere's Symptoms,	3	1	2	1	1	1
Oritis Med. et Int. (from Mumps) with Meniere's Symptoms,	4	3	1	3	1	1
Oritis Med. et Int. (from Mumps) with Meniere's Symptoms,	11	7	4	...	11	11
Oritis Med. et Int. (from Mumps) with Meniere's Symptoms,	1	...	1	...	1	1
<i>Diseases of the Internal Ear.</i>	...	...	...	...	...	...
Deafness,	5	3	2	...	5	5
<i>Diseases of the Naso-pharynx.</i>	...	...	...	...	...	...
Cleft Palate (Congenital),	2	1	1	...	2	2
Enlarged Tonsils,	4	1	1	1	3	5
Angina Tonsillaris,	5	1	1	1	1	2
Adenoïd Tumours,	1	1	1	1	1	1
Rhinitis Chronica,	5	4	1	4	4	5
Loss of Smell (Anosmia),	1	1	1	1	1	1
Polyptus Nasi.	4	1	3	1	3	4
Displacement of Septum, with Hypertrophy of Right Turbinated Bones,	1	1	1	1	1	1
Eczema Nasi,	1	1	3	3	1	6
Ozana,	6	3	1	1	1	...
Pharyngitis Acuta,	1	1	1	1	1	...
Diphtheritica,	1	1	1	1	1	...
Ulcerativa,	2	2	2	2	1	2
Chronica,	64	47	17	17	45	10
Goiitre.	1	1	4	1	3	1
Adenitis Chronica,	5	1	1	1	3	2
Hypocondriasis,	1	1	1	1	1	...

* Patients under 1 year are denoted by *a*; from 1-10 years, *b*; from 11-20, *c*; from 21-30, *d*; from 31-40, *e*; from 41-50, *f*; from 51-60, *g*; from 61-70, *h*; from 71-80, *i*.

affected, 6 the left, and 10 both ears ; 17 cured, 3 improved, and 2 are still under observation. Of the diseases of the external auditory meatus 20 occurred under 10 years, 44 from 11 to 20, 52 from 21 to 30, 21 from 31 to 40, 24 from 41 to 50, 18 from 51 to 60, 12 from 61 to 70, and 12 from 71 to 80 years of age. Of these 136 occurred in males and 67 in females. In 36 the right ear only was affected, in 39 the left, while both ears were affected in 128 cases. Of these 192 were cured, 10 were relieved or greatly improved, and in the case of the one remaining, over-patency of the external auditory meatus, where almost the whole of the membrana tympani could be seen, thereby rendering it very liable to injury in bathing from the impact of the waves too directly upon it, in the splashing of mud from the street, or, in fact, from most of the exposures of every-day life, protective means have been of much benefit.

We often meet with and see cases—as in tram-cars, for instance—where, on looking at the side of our neighbour's face, we can see part of the drumhead from the too much dilated and too straight external auditory meatus. The above case was the most marked I have yet met with, and the patient suffered from chronic aural catarrh of the hypertrophic form, arising from cold draughts in the ears, she said. Of the diseases of the middle ear, including therein diseases of the internal ear, where the latter affection has spread from the outer part, as shown in the table, there were 454 cases, of which 230 occurred in males, 224 in females. In 61 cases the right ear alone was affected, the left in 79, both in 314. 204 cases were cured, 202 greatly improved and relieved, whilst 45 still remain under treatment. Some have given up attendance at the Dispensary, whilst one died, where apparently the disease spread, from caries of the inner wall of the tympanum, to the lateral sinus, causing pyæmia and death. No post-mortem could be obtained. The patient was blind, but was a strong, healthy-looking man except for this long-continued discharge from his left ear, with occasional headaches on that side. Their ages :—1 was under 1 year, 57 were under 11, 84 from 11 to 20, 56 from 21 to 30, 25 from 31 to 40, 12 from 41 to 50, 5 from 51 to 60, 5 from 61 to 70, and 1 from 71 to 80 years of age. Of deaf-mutes there were 5, 3 males and 2 females ; 4 of them were under 11 years of age, and 1 from 11 to 20. The four younger are still under observation. One from Holy Island, the son of parents who are cousins, hears a little, but suffers from highly-marked, in such a young child, pharyngeal and nasal catarrh, but no adenoid growths. His father accounts for the cold, his constantly running nose, from his being always out of doors, wet or dry, and exposure with his bare head to the sun's rays. The proper care and treatment of the child is being carefully attended to by the missionary to these parts.

One is an acquired deaf-mute, who, fortunately, has not quite lost all his words, and who is to be admitted next session to Donaldson's Hospital under the careful tuition of Mr Large. His sister and parents can understand a good deal of what he says, but under Mr Large's instruction in the oral or German system I have no doubt that in a year or so his speech will be perfectly understood by all. He lost his hearing from scarlet fever when about six years of age. His ears are now healed up, but were in a very disgusting and serious condition when he first came under treatment, now nearly two years ago. Large polypi projected from both ears, whilst his auricles were eczematous, and his nose and face, from the discharge from his nostrils, excoriated and scabbed. Washing out the nostrils with a tepid solution of bicarbonate or sulpho-carbolate of soda or boracic acid has cured his naso-pharyngeal catarrh and greatly helped the ears as well, as the solution escaped by his ears from the nostrils. The ears were carefully syringed with either of the above solutions, then dried, at first with Lawton's absorbent cotton, afterwards with salicylic cotton-wool, and the spiritus vini rectificatissimus of the *Prussian Pharmacopœia* carefully instilled into both ears three times a day. The dry boracic powder, thoroughly insufflated into the cavity of the tympanum, was also of great benefit in bringing about so fortunate a condition of the parts in this case.

Diseases of the Naso-Pharynx.—There were 103 diseases of the naso-pharynx treated during last year in connexion with diseases of the ear. Of these 69 occurred in males and 34 in females. The right nostril or right tonsil alone were affected in 11 cases, the left in 14; whilst both sides or the naso-pharyngeal cavity as a whole was affected in 77 cases, leaving one case in which the whole body is affected, according to the young man's ideas. Seventeen of the affections of the naso-pharynx occurred in patients from 1 to 10 years of age, 29 from 11 to 20, 29 from 21 to 30, 12 from 31 to 40, 10 from 41 to 50, 3 from 51 to 60, and 1 from 71 to 80.

Very many ear diseases have their origin in the naso-pharynx. An unhealthy condition of the naso-pharyngeal mucous membrane may, in its first or hypertrophied stage, cause closure of the faecal opening of the Eustachian tube, keeping the secretions of the lining membrane of the drum cavity of the ear pent up, giving rise to earache, frequently ending in a running ear, or the closure of the faecal opening of the Eustachian tube may lead to rarefaction and absorption of the air contained in the tympanum. The pressure of the external air on the outer surface of the drum membrane forces it inwards along with the chain of ossicles which press upon the delicate nervous apparatus of the ear, and from the long continuance of this pressure in very young infants the nervous apparatus becomes paralyzed, giving rise to permanent deafness. M. Boucheron of Paris recently read a paper before the Academy

of Science, pointing out this source of deafness, and recommending for its treatment the application of iodine to the pharyngeal openings of the Eustachian tubes, and the forcing of air with Politzer's apparatus from the nostrils through the Eustachian tubes into the cavity of the tympanum, carrying with it some of the iodine to the walls of the tubes. From treatment very similar many good results have been obtained in cases of catarrhal affections of the Eustachian tubes occurring in children and young growing adults, in some cases relieving what was considered by the parents incipient deafness in their children, as *their* parents were very deaf. If unrelieved, the deafness might have come in a more serious form, and much earlier. Many cases of hereditary deafness are due to a catarrhal diathesis, which, unattended to in its early stages, leads to most distressing affections of the ear, noises and deafness being perhaps the most frequent, but in many cases causing aural vertigo with great mental distress.

THE EAR DISPENSARY, 6 CAMBRIDGE STREET, LOTHIAN ROAD,

Is open MONDAYS, THURSDAYS, and SATURDAYS, for the treatment of Diseases of the EAR, THROAT, and NOSE, at 12 o'clock noon.

Clinical Instruction on the above diseases is given at the Ear Dispensary, and Lectures are delivered during the Winter and Summer Sessions—during the Winter Session on Fridays at 4 p.m., and during Summer on Tuesdays and Fridays at 11 a.m.—at Minto House, Chambers Street, by Dr KIRK DUNCANSON, Lecturer on Diseases of the Ear, Edinburgh School of Medicine.

22 DRUMSHEUGH GARDENS,
EDINBURGH, October 1882.



